

PRISONER'S CIVIL RIGHTS COMPLAINT (Rev. 05/2015)

United States Courts
Southern District of Texas
FILEDIN THE UNITED STATES DISTRICT COURT
FOR THE _____ DISTRICT OF TEXAS

DIVISIONGregory Wade Brooks II
Plaintiff's Name and ID NumberHarris County Jail
Place of ConfinementCASE NO. _____
(Clerk will assign the number)

v.

Harris county sheriff's office = H.C. S=77002 Lee H. Rosenthal
Defendant's Name and AddressDistrict Attorney office = 1201 franklin st Houston TX 77002 Look this over
Defendant's Name and AddressGreg Abbott = P.O. Box 124628 Austin Texas 78711
Defendant's Name and Address
(DO NOT USE "ET AL.")

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten, in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the clerk of the United States district court for the appropriate district of Texas in the division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. If you are confined in the Texas Department of Criminal Justice, Correctional Institutions Division (TDCJ-CID), the list labeled as "VENUE LIST" is posted in your unit law library. It is a list of the Texas prison units indicating the appropriate district court, the division and an address list of the divisional clerks.

FILING FEE AND IN FORMA PAUPERIS (IFP)

1. In order for your complaint to be filed, it must be accompanied by the statutory filing fee of \$350.00 plus an administrative fee of \$50.00 for a total fee of **\$400.00**.
2. If you do not have the necessary funds to pay the fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis*, setting forth information to establish your inability to prepay the fees and costs or give security therefor. You must also include a current six-month history of your inmate trust account. If you are an inmate in TDCJ-CID, you can acquire the application to proceed *in forma pauperis* and the certificate of inmate trust account, also known as *in forma pauperis* data sheet, from the law library at your prison unit.
3. The Prison Litigation Reform Act of 1995 (PLRA) provides "...if a prisoner brings a civil action or files an appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." See 28 U.S.C. § 1915. Thus, the court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the court will apply 28 U.S.C. § 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your inmate trust account, until the entire \$350.00 statutory filing fee has been paid. (The \$50.00 administrative fee does not apply to cases proceeding *in forma pauperis*.)
4. If you intend to seek *in forma pauperis* status, do not send your complaint without an application to proceed *in forma pauperis* and the certificate of inmate trust account. Complete all essential paperwork before submitting it to the court.

CHANGE OF ADDRESS

It is your responsibility to inform the court of any change of address and its effective date. Such notice should be marked "**NOTICE TO THE COURT OF CHANGE OF ADDRESS**" and shall not include any motion for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedure.

I. PREVIOUS LAWSUITS:

A. Have you filed *any* other lawsuit in state or federal court relating to your imprisonment? YES NO

B. If your answer to "A" is "yes," describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)

1. Approximate date of filing lawsuit: _____

2. Parties to previous lawsuit:

Plaintiff(s) _____

Defendant(s) _____

3. Court: (If federal, name the district; if state, name the county.) _____

4. Cause number: _____

5. Name of judge to whom case was assigned: _____

6. Disposition: (Was the case dismissed, appealed, still pending?) _____

7. Approximate date of disposition: _____

II. PLACE OF PRESENT CONFINEMENT: _____

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted all steps of the institutional grievance procedure? YES NO

Attach a copy of your final step of the grievance procedure with the response supplied by the institution.

IV. PARTIES TO THIS SUIT:

A. Name and address of plaintiff: David Miller
X-

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Harris County Sheriff's Office

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

See Attachments

Defendant #2: District Attorney

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

Defendant #3: Houston Police Department

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

See Attachments

Defendant #4: Greg Abbott

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

See Attachments

Defendant #5: _____

Briefly describe the act(s) or omission(s) of this defendant which you claimed harmed you.

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Today I tested positive for the corona virus 8/7/2020 in H.C.S
This is a violation to my 14th & 8th Amendment rights! I should have released
via PR-Bond given the situation at hand. There a pandemic in the hand.

See Attachment

VI.

RELIEF:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

\$ 207 Million DOLLER

Payable in \$ 20 DOLLER GOLD Pences

VII.

GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases.

B. List all TDCJ-CID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you.

Spn# 021603538

Hereby

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? YES NO

B. If your answer is "yes," give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (if federal, give the district and division):

2. Case number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? YES NO

- C. Has any court ever warned or notified you that sanctions could be imposed? YES NO
- D. If your answer is "yes," give the following information for every lawsuit in which a warning was issued.
(If more than one, use another piece of paper and answer the same questions.)
1. Court that issued warning (if federal, give the district and division): _____
 2. Case number: _____
 3. Approximate date warning was issued: _____

Executed on: 8/7/2020
DATE

Hereby → X David Miller
X D. Miller
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachments thereto are true and correct.
2. I understand, if I am released or transferred, it is my responsibility to keep the court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions or appeals (from a judgment in a civil action) in a court of the United States while incarcerated, or detained in any facility, which lawsuits were dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger of serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire filing fee and costs assessed by the court, which shall be deducted in accordance with the law from my inmate trust account by my custodian until the filing fee is paid.

Signed this 7th day of August, 20 20.
(Day) (month) (year)

→ X David Miller
X D. Miller
(Signature of Plaintiff)

WARNING: Plaintiff is advised any false or deliberately misleading information provided in response to the above questions may result in the imposition of sanctions. The sanctions the court may impose include, but are not limited to, monetary sanctions and the dismissal of this action with prejudice.

NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA



Cause Number:

(The Clerk's office will fill in the Cause Number when you file this form)

Plaintiff: David Miller

(Print first and last name of the person filing the lawsuit.)

In the

(check one):

- District Court
 County Court / County Court at Law
 Justice Court

And

Court
NumberDefendant: Harris County Sheriff's Office

(Print first and last name of the person being sued.)

County

Texas

Statement of Inability to Afford Payment of Court Costs or an Appeal Bond

1. Your InformationMy full legal name is: David Miller

First

Middle

Last

My date of birth is:

10/23/83
Month/Day/YearMy address is: (Home) 16211 Camino del Sol dr

(Mailing)

Houston, Texas 77083My phone number: (281) 346-3733 My email: _____

About my dependents: "The people who depend on me financially are listed below.

Name	Age	Relationship to Me
1		
2		
3		
4		
5		
6		

2. Are you represented by Legal Aid?

I am being represented in this case for free by an attorney who works for a legal aid provider or who received my case through a legal aid provider. I have attached the certificate the legal aid provider gave me as 'Exhibit: Legal Aid Certificate.'

-or-

I asked a legal-aid provider to represent me, and the provider determined that I am financially eligible for representation, but the provider could not take my case. I have attached documentation from legal aid stating this.

or-

I am not represented by legal aid. I did not apply for representation by legal aid.

3. Do you receive public benefits?

I do not receive needs-based public benefits. - or -

I receive these **public benefits/government entitlements** that are based on indigency:

(Check ALL boxes that apply and attach proof to this form, such as a copy of an eligibility form or check.)

- Food stamps/SNAP TANF Medicaid CHIP SSI WIC AABD
 Public Housing or Section 8 Housing Low-Income Energy Assistance Emergency Assistance
 Telephone Lifeline Community Care via DADS LIS in Medicare ("Extra Help")
 Needs-based VA Pension Child Care Assistance under Child Care and Development Block Grant
 County Assistance, County Health Care, or General Assistance (GA)
 Other: _____

4. What is your monthly income and income sources?

"I get this monthly income:

\$ 0 in monthly wages. I work as a _____ for _____.
 Your job title _____
 Your employer _____
 \$ 0 in monthly unemployment. I have been unemployed since (date) _____
 \$ 0 in public benefits per month.
 \$ 0 from other people in my household each month: (List only if other members contribute to your household income.)
 \$ 0 from Retirement/Pension Tips, bonuses Disability Worker's Comp
 Social Security Military Housing Dividends, interest, royalties
 Child/spousal support
 My spouse's income or income from another member of my household (If available)
 \$ 0 from other jobs/sources of income. (Describe) _____
 \$ 0 is my total monthly income.

5. What is the value of your property?

"My property includes:

	Value*
Cash	\$ <u>0</u>
Bank accounts, other financial assets	\$ <u>0</u>
	\$ <u>0</u>
	\$ <u>0</u>
Vehicles (cars, boats) (make and year)	\$ <u>0</u>
	\$ <u>0</u>
	\$ <u>0</u>
Other property (like jewelry, stocks, land, another house, etc.)	\$ <u>0</u>
	\$ <u>0</u>
	\$ <u>0</u>
Total value of property	→ \$ <u>0</u>

*The value is the amount the item would sell for less the amount you still owe on it, if anything.

6. What are your monthly expenses?

"My monthly expenses are:

	Amount
Rent/house payments/maintenance	\$ <u>0</u>
Food and household supplies	\$ <u>0</u>
Utilities and telephone	\$ <u>0</u>
Clothing and laundry	\$ <u>0</u>
Medical and dental expenses	\$ <u>0</u>
Insurance (life, health, auto, etc.)	\$ <u>0</u>
School and child care	\$ <u>0</u>
Transportation, auto repair, gas	\$ <u>0</u>
Child / spousal support	\$ <u>0</u>
Wages withheld by court order	\$ <u>0</u>
Debt payments paid to: (list)	\$ <u>0</u>
	\$ <u>0</u>
	\$ <u>0</u>
	\$ <u>0</u>
Total Monthly Expenses	→ \$ <u>0</u>

7. Are there debts or other facts explaining your financial situation?

"My debts include: (List debt and amount owed)

If you want the court to consider other facts, such as unusual medical expenses, family emergencies, etc., attach another page to this form labeled "Exhibit: Additional Supporting Facts." Check here if you attach another page.

8. Declaration

I declare under penalty of perjury that the foregoing is true and correct. I further swear:

I cannot afford to pay court costs.

I cannot furnish an appeal bond or pay a cash deposit to appeal a justice court decision.

My name is David Miller. My date of birth is 10/23/83.
 My address is 16211 Camino de Sol Dr. Houston TX 77083.
 Street City State Zip Code Country

→ B. Miller signed on 8/17/20 in Harris County, TX State
 Signature Month/Day/Year County Name State

HARRIS COUNTY SHERIFF'S OFFICE JAIL

Name: David Miller
SPN: 02603538 Cell: JAC7-SE2
Street 701 North San Jacinto St

HOUSTON, TEXAS 77002



INDIGENT

United States Courts
Southern District of Texas
FILED
AUG 12 2020
David J. Bradley, Clerk of Court



David Bradley
P.O. Box 61010
Houston TX 77208